



# American College of Surgeons

## ATLS® COURSE REQUEST AUTHORIZATION FORM

This form must be validated by the State/Provincial (S/P) Chair and the ACS ATLS® office for the course to be officially authorized and conducted. (Please type or use ballpoint pen to complete this form and forward to your S/P Chair.) The S/P Chair will forward all copies to the ATLS® office.

Shaded areas are for office use only.

Course Site City: <u>Missoula</u> State: <u>MT</u> Country: <u>US</u> # <u>906</u>		
Facility: <u>St. Patrick Hospital</u> <input type="checkbox"/> This is a new course site.		
Date of Request: <u>02 / 11 / 06</u>  Course Dates: <u>06 / 9 - 10 / 06</u>  Commercial Support Agreement Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Commercial Support Agreement Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course Type  Course Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Student - 2 day <input type="checkbox"/> Student - 2.5 day <input checked="" type="checkbox"/> Student/Student Refresher - 2 day <input type="checkbox"/> Student/Student Refresher - 2.5 day <input type="checkbox"/> Student Refresher - 0.5 day <input type="checkbox"/> Student Refresher - 1 day <input type="checkbox"/> Instructor - 1.5 day <input type="checkbox"/> Instructor Update (circle one)  • 1 day course • Extended Precourse Faculty Meeting	Participants  <input checked="" type="checkbox"/> MDs/DOs # of: <u>12</u> <input type="checkbox"/> Residents # of: <u>      </u> <input type="checkbox"/> Final-year Medical Students # of: <u>      </u> <input type="checkbox"/> Doctors-other countries* # of: <u>      </u> <input type="checkbox"/> Dentists # of: <u>      </u> <input checked="" type="checkbox"/> Physician Extenders Identify Type: <u>PA</u> # of: <u>4</u> <u>RN</u> # of: <u>      </u> <input checked="" type="checkbox"/> Student Refreshers Identify Type: <u>MD</u> # of: <u>4</u> <u>      </u> # of: <u>      </u> <input checked="" type="checkbox"/> Auditors Identify Type: <u>RN</u> # of: <u>4</u> <u>ENT</u> # of: <u>      </u>  * Contact ACS ATLS® if Instructor Course
First Director: <u>Brad Pitkhardt MD</u> # <u>9636</u> Identification No.: <u>      </u> Specialty: <u>GS</u> Candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Second Director: <u>      </u> (If > 24 Students) Identification No.: <u>      </u> Specialty: <u>      </u> Candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: <u>      </u>	Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: <u>      </u>	
National, Regional or S/P Faculty required to evaluate candidate(s): Name: <u>      </u> Identification Number: <u>      </u>	Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: <u>      </u> Faculty Level: <u>      </u>	
Educator: Identification Number: <u>      </u> Candidate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: <u>      </u>	
Coordinator: <u>Jim DeTienne</u> # <u>76069</u> Address: <u>EMS + Trauma Systems, PO Box 202951</u> <u>Helena MT 59620</u> Telephone: <u>406-444-4440</u> Fax: <u>406-444-1814</u>	Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: <u>      </u>	
**Contact person for ATLS® web site if different from course coordinator listed: Name: <u>      </u> Telephone # <u>      </u>		
ACS State/Provincial Committee on Trauma Chair's Coapproval		
<input checked="" type="checkbox"/> Course approved <input type="checkbox"/> New Site Approved	<input checked="" type="checkbox"/> Physician Extenders approved <input checked="" type="checkbox"/> Manuals approved	
<input type="checkbox"/> Approved all participants	<input checked="" type="checkbox"/> Auditors approved <input checked="" type="checkbox"/> Manuals approved	
Signature: <u>      </u>	Date: <u>2-23-06</u>	
#138506 ATLS® Office Coapproval		
Course Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Course Serial #: <u>29046-P/LSR</u> By: <u>FS</u> On: <u>3/22/06</u>	